



Employer Overview

Benefits of KPCpaySM



- Convenient, accurate, safe and secure 24/7
- Pay immediately, get instant confirmation
- Avoid Post Office delays – faster than mail and needs no stamp
- Reduce paper, benefit the environment
- Pay by electronic check and it's free
- Option to use a credit or debit card*
- Sign up just once – it's easy
- Pay online when YOU want to:
 - Set up a payment and choose the date it will be paid
 - Cancel or reset a Future payment
 - It's there for you to use 24/7

* A convenience fee will be charged

KPCpaySM Registration

The Kansas Payment Center's public website was updated in conjunction with the implementation of KPCpaySM. The look and organization of kspaycenter.com changed in an effort to make it easier for users to navigate and use. The website also provides functionality related to the KPCpaySM process.

KPC KANSAS PAYMENT CENTER

HOME PAGE
PAYMENT RECORDS
PAY ONLINE
HELPFUL LINKS
FORMS
CONTACT US

If you have a NOW debit card and wish to be notified when a deposit has been made, visit www.myaccount.chase.com or call 1-866-865-1226 to sign up for FREE automatic alerts via email, text, or voice mail.

IF YOU RECEIVE
IF SUPPORT

IF YOU PAY
IF SUPPORT

EMPLOYERS

GENERAL INFORMATION

WELCOME! Now pay support online! [CLICK HERE](#)

Kansas Payment Center
P.O. Box 758599 Topeka, KS 66675-8599 phone: 877-572-5722
The Kansas Payment Center operates under the supervision of the Kansas Department for Children and Families and the Kansas Office of Judicial Administration.

- **Step One:** Go to kspaycenter.com
- **Step Two:** Select **PAY ONLINE**, located on the left side of the home page
- **Step Three:** Select **New Employers**

PAY ONLINE

Logon
New Employers
New Individuals
Help

Employer Registration



EMPLOYER DETAILS

User ID:	<input type="text"/>
Company Name:	<input type="text"/>
EIN:	<input type="text"/>
First Name:	<input type="text"/>
Last Name:	<input type="text"/>
Middle Initial:	<input type="text"/>
Email Address:	<input type="text"/>
Address 1:	<input type="text"/>
Address 2:	<input type="text"/>
Country:	<input type="text" value="United States"/> ▼
City:	<input type="text"/>
State:	<input type="text"/> ▼
Zip/Postal Code:	<input type="text"/> - <input type="text"/>
Phone Number:	<input type="text"/>
Cell Phone Number:	<input type="text"/>

Continue

Cancel

- **Step Four - Employer Registration:** Fill out the details. Listed below are the required fields:
 - **User ID** – User ID must be at least 7 characters, include one number and one letter, no special characters (-, *, %)
 - **Company Name** – Enter company name in full
 - **EIN** – The federal employer identification number (EIN) assigned for taxes. The EIN is a nine digit number
 - **First Name**
 - **Last Name**
 - **Email Address** – Email address is required to register for KPCpaySM
 - **Address 1**
 - **Country**
 - **City**
 - **State**
 - **Zip / Postal Code**
 - **Phone Number**

KPCpaySM Registration Cont'd



- **Step Five: Email / Initial Login**

- Email – Upon selecting **Continue** in the previous step, the system will generate an email to the email address on file. This will include a temporary password (case sensitive) & a link to the log-in page
- Initial Login – At the login page, the user will enter the User ID they chose during registration and the temporary password received in the email, then chose **Log On**
 - Upon selecting Log On, the user will be required to change their Password and setup Challenge Questions and Answers

KPC KANSAS PAYMENT CENTER SECURE

KPC Forgot Password Notification
The password included in this email is the result of your request for a new password. Please access the link to log into the KPC Secure site. Upon successful login, you will be required to change your password.

Password: AJkgtVe

Next Steps

If you are currently in the process of logging on, then enter your User ID and this new Password and complete the log on process.

If you are not currently at KPC Secure Web Site, then please follow the steps below:

1. Go to <https://www.kssecurekpc.com/>
2. Enter your user ID in the User ID field.
3. Enter this new password in the Password field.
4. Click Log On.
5. Follow the online instructions.

Please do not reply to this message. If you did not request this updated password, please contact the Kansas Payment Center at 1-877-572-5722.

Log On

Log On

User ID:

Password:

[Forgot Your Password?](#)
[Change Your Password](#)
[Update Challenge Questions](#)

Employer Home



Upon logging in successfully, the employer will be taken to the home page

KPC KANSAS PAYMENT CENTER SECURE

KPC Public Web Customer Service Logoff

Employer Home

Employer Home

Welcome (Hide Details...)

Welcome to the KPCpay Employer Home page.

Make Payment/Employer Roster: click to make a new payment or to create or edit the Employer Roster.

Manage Accounts click to update your bank or card account information or to view or cancel your warehoused payments.

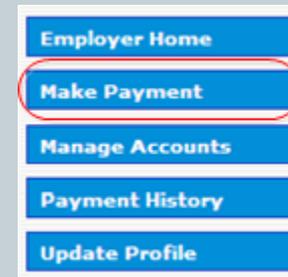
Payment History click to view a list of electronic payments already submitted.

Update Profile click to view or update your user profile information.

FAQs (Show Details...)

For assistance contact KPC Customer Service Toll Free Number 877-572-5722
KPCpaySM Secure Site Release 2.0 - 03/01/2012

- From the Employer Home, users can:
 - ✓ Make Payment,
 - ✓ Manage Accounts
 - ✓ View Payment History
 - ✓ Update their Profile
 - ✓ Access FAQs
 - ✓ Link to KPC Public Web
 - ✓ Access KPC Employer line contact phone number
 - ✓ Logoff
- To make a payment the user will select **Make Payment** on the left side of the page



Employer Payment Roster



Make Payment/Employer Roster:

Last Name	First Name	M.I.	SSN	Case Identifier / Order Identifier	Term. Ind.	Med. Sup. Ind.	Pay Date	Amount	
					<input type="checkbox"/>	<input type="checkbox"/>			Add

Fields:

- **Last Name:** *required*
- **First Name:** *required*
- **M.I.**
- **SSN:** *required* – Must be a valid SSN
- **Case Identifier / Order Identifier:** *required* – Correct format of court order is required, instructions can be located in Field Definitions section located on this screen (not pictured)
- **Term. Ind.:** This will indicate to KPC that the employee is no longer employed and will remove from roster
- **Med. Sup. Ind.:** Used when family medical insurance coverage is offered to the employee/obligor
- **Pay Date:** *required* – Represents the date on which the payment was (or will be) withheld from the employee's/obligor's wages
- **Amount:** *required* - Amount of support withheld
- **Continue:** Continue will save the entered payment roster information and take the user to the next step
- **Save:** Will allow user to save entered roster information and come back at a later time to complete payment

Make a Payment - Support

Privacy Customer Service Help Exit

Make a Payment - Support

Bold fields with * are required.

Your payment will be posted when the funds have been received from your financial institution or credit card company - normally 2 or 3 business days after the Payment Date noted below.

Note: The Payment Date field below can be left blank. It will default to the next available date for the Payment Method you choose. Enter the Payment Date field only if you want to 'warehouse' a payment to settle in the future.

PAYMENT DETAILS

Payment Amount*: \$10.00

Payment Amount*: \$10.00

Payment Date*: Aug 28 2012

PAYMENT METHOD

Saved Account*: Select Choose One...

New Account*:

eCheck

Credit/Debit Card   

Card Number*:

This payment may be assessed a convenience fee. The fee amount will display on the payment verification screen. You will have the opportunity to cancel this payment before the fee is charged.

Continue Cancel

Make a Payment – Support:

- Payments are securely processed in conjunction with the JPMorgan Chase payment processing system PayConnexion

Payment Details:

- Payment Amount - Confirmation of payment amount
- Payment Date – Date payment will be processed
- Warehousing Payments – User can enter a Payment Date up to 60 days in the future

Payment Method:

- Saved Account – Next screen, user will be given the option to save their eCheck or Credit Card/Debit Card payment method
- New Account - User will choose to pay via eCheck or CC/DC
 - ✓ eCheck: No convenience fee
 - ✓ Credit/Debit Card: Convenience fee applies (see FAQ)

Convenience Fee Notification

- User is notified that a fee may apply

Make a Payment – Support Cont'd

eCheck Payment:

Privacy Customer Service Help Exit

Make a Payment - Support

Bold fields with * are required.

PAYMENT INFORMATION

Payment Amount: **\$10.00** Payment Date: **Aug-29-2012**
Payment Amount: **\$10.00**

ECHECK ACCOUNT INFORMATION

Bank Routing Number*:

Bank Account Number*:

Re-enter Bank Account Number*:

Bank Account Type*:
 Checking Savings

Bank Account Category*:
 Consumer Business

Save this account?:
 Yes No

Nickname:

Continue **Cancel**

Bank Routing Number: *required* – Can be retrieved from Bank
Bank Account Number: *required* – Can be retrieved from Bank
Bank Account Type: *required*
Bank Account Category: *required*
Save this account: User can save bank information for faster future transactions

Verify Payment - Support

Bold fields with * are required.

For your own protection, review the details of your payment and enter your Confirmation Password (Country Code + Postal Code, e.g. USA66614 (all caps)) below before choosing **Confirm**.

Your Payment Detail

Payment Amount: **\$10.00**
Scheduled Payment Date: **Aug-29-2012**
Payment Amount: **\$10.00**

Your Account Detail

Bank Routing Number: **101100728**
Bank Account Number: **XXXXXXXXXXXX1111**
Bank Account Type: **Checking**
Bank Account Category: **Business**

E-mail Address*:

Send me an email confirmation:

Enter Confirmation Password
(Country Code + Postal Code, e.g. USA66614 (all caps))*:

Terms And Conditions

PLEASE READ AND APPROVE THE FOLLOWING AUTHORIZATION

By clicking "I Accept", I authorize the payee to electronically debit my bank account for the amount(s) and date set forth above. This authorization is valid for this transaction only.

If a convenience fee is added to the transaction, I understand that the convenience fee displayed will be included in the total payment amount.

In the event that a payment is returned for insufficient funds, I authorize the payee to electronically debit my bank account for the original amount of the transaction, as well as a returned item fee, up to the maximum amount allowed by law.

PLEASE PRINT A COPY OF THIS AUTHORIZATION FOR YOUR RECORDS

I accept the Terms and Conditions*:

Confirm **Cancel**

E-Mail Address: *required* – Confirmation emailed to this email
Enter Confirmation Password: *required* – Country Code + Postal Code
Terms And Conditions: *required* – User approving payment

Make a Payment – Support Cont'd

Credit Card/Debit Card:

Privacy Customer Service Help Exit

Make a Payment - Support

Bold fields with * are required.

PAYMENT INFORMATION

Payment Amount: **\$10.00** Payment Date: **Aug-29-2012**

Payment Amount: **\$10.00**

CARD ACCOUNT INFORMATION

Card Number: **XXXXXXXXXXXX1414**

Cardholder Name*:

Expiration Date*: /

Save this account?: Yes
 No

Nickname:

Card Billing Address*: Use Profile Address as Billing Address
120 SE 6TH ST
SUITE 210
TOPEKA, KS 66603
United States
 Use New Billing Address Entered Below

Country*:

Address 1*:

Address 2:

City*:

State*:

Zip Code*: -

This payment may be assessed a convenience fee. The fee amount will display on the payment verification screen. You will have the opportunity to cancel this payment before the fee is charged.

Continue **Cancel**

Cardholder Name: required
Expiration Date: required
Card Billing Address: required

Email Address: required
3 digit code: required

Privacy Customer Service Help Exit

Verify Payment - Support

Bold fields with * are required.

Please verify your payment, then choose **Confirm**.

Your Payment Detail

Payment Amount: **\$10.00**
Convenience Fee: **\$1.50**
Total Payment Amount: **\$11.50**
Scheduled Payment Date: **Aug-29-2012**
Payment Amount: **\$10.00**

Your Account Detail

Cardholder Name: **KPC**
Credit Card or Debit Card Number: **XXXXXXXXXXXX1414**
Credit Card or Debit Card Type: **Visa Debit**

Your Credit/Debit Card Billing Address

Billing Street Address 1: **120 SE 6TH ST**
Billing Street Address 2: **SUITE 210**
Billing City: **TOPEKA**
Billing State: **KS**
Billing Zip Code: **66603**
Billing Country: **United States**

Please verify that your e-mail address is correct. You will be notified via e-mail if there are problems with your payment.

E-mail Address*:

Send me an email confirmation:

3 digit code on the signature strip of your credit/debit card*:

Confirm **Cancel**

Confirmation Email



eCheck Payment:

From: noreply@payconnexion.com Sent: Tue 8/28/2012 9:39 AM
To: [REDACTED]
Cc: [REDACTED]
Subject: Payment Confirmation for Support

*** PLEASE DO NOT RESPOND TO THIS EMAIL ***
Thank you for submitting your payment for Support. This email is to confirm that on Aug-28-2012, you authorized Kansas Payment Center to debit the bank account listed below on the scheduled payment date.

Confirmation Number: X58KPC000001368
Confirmation Date (ET): Aug-28-2012 10:37:46 AM
Payer Name: [REDACTED]

Payment Amount: \$10.00
Scheduled Payment Date: Aug-29-2012

Bank Routing Number: 101100728
Bank Account Number: XXXXXXXXXXXXXXX1111
Bank Account Type: Checking
Bank Account Category: Business

If you have questions about this payment or need assistance, please view the payment online at <http://67.220.123.228>, or call Customer Service at (877) 572-5722.
Thank you for using the Kansas Payment Center electronic payment system.

Credit Card/Debit Card:

From: noreply@payconnexion.com Sent: Tue 8/28/2012 9:33 AM
To: [REDACTED]
Cc: [REDACTED]
Subject: Payment Confirmation for Support

*** PLEASE DO NOT RESPOND TO THIS EMAIL ***
Thank you for submitting your payment for Support. This email is to confirm that on Aug-28-2012, you authorized Kansas Payment Center to charge the credit card listed below on the scheduled payment date.

Confirmation Number: X58KPC000001366
Confirmation Date (ET): Aug-28-2012 10:32:05 AM
Payer Name: [REDACTED]

Payment Amount: \$10.00
Convenience Fee: \$1.50
Total Payment Amount: \$11.50
Scheduled Payment Date: Aug-29-2012

Cardholder Name: KPC
Card Number: XXXXXXXXXXXXXXX1414
Card Type: Visa Debit

If you have questions about this payment or need assistance, please view the payment online at <http://67.220.123.228>, or call Customer Service at (877) 572-5722.
Thank you for using the Kansas Payment Center electronic payment system.

FAQs



Q: What are warehoused payments?

A: Warehoused payments are payments the user can setup as far as 60 days in advance. This payment can be canceled anytime prior to the payment date set.

Q: Can the user make a payment for any amount?

A: The maximum allowed per transaction is as follows: Employer - \$50,000.00

Q: Are there fees for using KPCpaySM?

A: There are no convenience fees when paying with eCheck, when paying with CC/DC a convenience fee of minimum 2.43%, maximum 6% will apply based upon the amount of payment

Q: Will the users' KPCpaySM password expire?

A: Yes. KPCpaySM passwords expire 90 days after they are created. The user will not receive an alert before your password expires.

Q: How long will the user be able to view payments?

A: KPCpaySM Payment History will display the users' completed payment transactions indefinitely.

Q: As an Employer, I have multiple users maintaining our KPCpaySM account, can we create multiple IDs

A: Yes, multiple IDs can be created, KPC's Employer line representatives can assist with those requests by phone: 877-729-6367

Q: If the user has a questions about KPCpaySM, or they find an issue with the site, who do they contact?

A: KPC can be reached by email: kpcpaysupport@ywcss.com or by phone: Employer-877-729-6367